



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

John A. Sklar, M.D.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-17-1118-01

Carrier's Austin Representative

Box Number 54

MFDR Date Received

December 27, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. Sklar was designated doctor on this case and was asked MMI/IR. Per Texas fee guidelines code (99456NM, NM) NOT at MMI is reimbursed at \$350.00."

Amount in Dispute: \$350.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requester, as designated doctor, found the claimant not to be at MMI. The requestor billed this with code 99456-NM ... [T]he requestor, to be paid, should bill 99456-W5/NM, not 99456-NM."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 25, 2016	Examination to Determine Maximum Medical Improvement (99456-NM)	\$350.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.240 sets out the requirements for billing designated doctor examinations.
- 28 Texas Administrative Code §134.250 sets out the fee guidelines for examinations to determine maximum medical improvement and impairment rating.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - CAC-P12 – Workers' compensation jurisdictional fee schedule adjustment.

- CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.
- 732 – Accurate coding is essential for reimbursement. Modifier billed incorrectly or missing. Services are not reimbursable as billed.
- 892 – Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891 – No additional payment after reconsideration.

Issues

Are Texas Mutual Insurance Company's reasons for denial or reduction of payment supported?

Findings

John A. Sklar, M.D. is seeking reimbursement for an examination to determine if the injured employee reached maximum medical improvement, represented by procedure code 99456-NM. Texas Mutual Insurance Company (Texas Mutual) denied the disputed service with claim adjustment reason codes CAC-4 – "THE PROCEDURE CODE IS INCONSISTENT WITH THE MODIFIER USED OR A REQUIRED MODIFIER IS MISSING," 732 – "ACCURATE CODING IS ESSENTIAL FOR REIMBURSEMENT. MODIFIER BILLED INCORRECTLY OR MISSING. SERVICES ARE NOT REIMBURSABLE AS BILLED," and 892 – "DENIED IN ACCORDANCE WITH DWC RULES AND/OR MEDICAL FEE GUIDELINE INCLUDING CURRENT CPT CODE DESCRIPTIONS/INSTRUCTIONS."

The following documentation supports that Dr. Sklar was performing the disputed service in his capacity as a designated doctor, as ordered by the Division:

- Report of Medical Evaluation (DWC069), date of service October 25, 2016: "Designated Doctor selected by DWC" is selected in box 13
- Narrative report dated November 1, 2016 for evaluation date October 25, 2016 states that the injured employee was "referred in by TDI/DWC for designated doctor evaluation."
- COMMISSIONER ORDER: APPROVAL OF REQUEST FOR DESIGNATED DOCTOR EXAMINATION dated September 14, 2016

28 Texas Administrative Code §134.240(1) states, in relevant part:

Designated doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041, and 408.151 and division rules, and shall be billed and reimbursed as follows: ...

(B) Attainment of maximum medical improvement shall be billed and reimbursed in accordance with §134.250 of this title, and the use of the additional modifier "W5" is the first modifier to be applied when performed by a designated doctor.

Review of the submitted information finds that billing did not include modifier "W5" pursuant to 28 Texas Administrative Code §134.240(1)(B). The insurance carrier's denial reason is supported. Reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

February 14, 2017
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.